		THE DIVISION OF HEA			188	863
FILED MAY	24 1957	STANDARD CERTIF	PRIMARY REG. DIST.	1003	Filc No trar's No	4346
1. PLACE OF DEA a. COUNTY	тн St. Loui	is	2 USUAL RESIDE a. STATE Missou	NCE (Where decessed li b. COL ri		ution: residence before admission).
b. CITY (If outside co. OR TOWN	St. Louis	URAL and give c. LENGTH OF STAY (in this place)	TOWN St. Lo	uis	d. In Reside a city of Yes	rnce within limits of r incorporated town?
d. FULL NAME OF (HOSPITAL OR INSTITUTION	If not in hospital or in St. Louis	stitution, give etreet address or location) State Hospital 1	STREET ADDRESS 5218	(If must, give location) Schollmeyer		
3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle)	c. (Last) Joerns	4. DATE OF DEATH	(Month) May	(Day) (Year) 5, 1957
5. SEX O 6. Male	color or race White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Bpacify) Married	8. DATE OF BIRTH 12-24-88	9. AGE (In year last birthday)	Months I	YEAR 1F UNDER 14 HES. Days Hours Min.
10a. USUAL OCCUPATIO dome during most of works Printer	N (Give kind of working life, even if retired)	19b. KIND OF BUSINESS OR IN- DUSTRY	St. Louis,		·····'Ø	2. CITIZEN OF WHAT COUNTRY? S. A.
3a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAN	D'OR FIFE	_
Christ Jo		Minnie	U INCODMANT'S	Leona		ABBBERR
15. WAS DECEASED EVE (Yes. no. or unknown) (If			Leona Joer	_		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such	ĺ	NECTION	ertification al thrombosis eralized arte	riosclerosis		INTERVAL BETWEEN ONSET AND DEATH
as heart fallure, arthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.		DUE TO (c)	us mellitus.	3 2 Duodenal ulo	32⊀ ær	
	Conditions contrib	uting to the death but not se or condition causing death.		(operated)		
19a. DATE OF OPERA- 1-23-57 TION	19b. MAJOR FIND	Duod	enal ulcer	-		20. AUTOPSY1 X
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR 1		OUNTY)	(STATE)
21d. TIME (Month) OF INJURY		Hour) 21e, INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY			
22. I hereby certify alive on May	hat I attended the 5, 1957	he deceased from Feb. 19, _, and that death occurred at2	1945, to May	e causes and on the		
23a. SIGNATURE	SORVI	a Wer m D	23b. ADDRESS 5400 Arsen			23c. DATE SIGNED 5-6-57
24a. BURIAL, CREMA TION, REMOVAL (Boods) TOMOVAL	1 3/7/19:	· · · · · · · · · · · · · · · · · · ·	urchyard	St. Louis (Co. M	y) (State) DRESS
MAY 7 '57 Cast fruit May J L Ziegenhein & Sons 7027 Gravois						
(Licensed Embalmer's Statement on Reverse Side)						

Jaticacii atete liverili 103-07-7778 Leans Joseph 5218 Schollmeyer Off STATEMENT BY LICENSED EMBALMER នៅស្រុកនេះ ស្រុក និងស្រុក **ស**្រុក ស្រុក ស

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embala by me, or by 127, 2012 and 100 and 200 and 200 and 300 and 300

Licensed Embalmer No.

working under my personal supervision..

P. O. Address 2 2 } Srove Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

J.I. Fingenheim & Song 7027 Geaveis

Signature of Student Embalmer